

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-749-962**
APPLICANT(S)

FILING DATE **12-31-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		4				
8		4				
9		4				
10		(1)				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		5				
24		5				
25		5				
26		5				
27		5				
28		(1)				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33	1					
34		1				
35		1				
36	1					
37	1					
38		1				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		1				
46		1				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	8					
TOTAL DEP.		109				
TOTAL CLAIMS	117					

1x24 = 24
 2x9 = 18
 3x10 = 30
 4x3 = 12
 5x5 = 25
 109
 + 8
 117